

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5	/						55	/					
6		/					56		/				
7		/					57		/				
8		/					58	/					
9	/						59		/				
10		/					60		/				
11		/					61	/					
12		/					62		/				
13		/					63		/				
14	/						64		/				
15		/					65	/					
16		/					66		/				
17		/					67		/				
18		/					68		/				
19	/						69						
20		/					70						
21		/					71						
22	/						72						
23		/					73						
24		/					74						
25	/						75						
26		/					76						
27		/					77						
28		/					78						
29	/						79						
30		/					80						
31		/					81						
32		/					82						
33	/						83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38	/						88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43	/						93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49	/						99						
50		/					100						
TOTAL IND.	└─┐		└─┐		└─┐		TOTAL IND.	└─┐		└─┐		└─┐	
TOTAL DEP.	└─┐		└─┐		└─┐		TOTAL DEP.	└─┐		└─┐		└─┐	
TOTAL CLAIMS							TOTAL CLAIMS						